

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/731703  
APPLICANT(S)

FILING DATE  
122-12-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/	/		/	
3	/	/	/		/	
4			/		X	
5						
6			/		X	
7						
8			/		X	
9						
10			/		X	
11			/		X	
12			/		X	
13			/		X	
14					/	
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18					/	
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48					/	
49					/	
50					/	
TOTAL IND.	2		2		4	
TOTAL DEP.	2	↓	10	↓	10	↓
TOTAL CLAIMS	4		12		14	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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TOTAL DEP.								
TOTAL CLAIMS								